

Answer Key

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

04439

(OMR ANSWER SHEET FOR THE POST OF J.E. (C) UNDER P.W.D)

Centre Name:

Name of Subject: **CIVIL ENGINEERING**

Roll No.

Test Booklet No.

Series

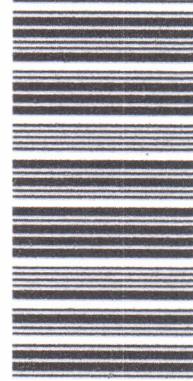
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

B

- A
- B
- C
- D

Answer Sheet
without
marking
Series shall
not be
evaluated.



ANSWERS

01	A B C <input checked="" type="radio"/> D	21	A <input checked="" type="radio"/> B C D	41	A <input checked="" type="radio"/> B C D	61	A <input checked="" type="radio"/> B C D	81	<input checked="" type="radio"/> A B C D
02	A <input checked="" type="radio"/> B C D	22	A <input checked="" type="radio"/> B C D	42	A B <input checked="" type="radio"/> C D	62	<input checked="" type="radio"/> A B C D	82	A B C <input checked="" type="radio"/> D
03	A B <input checked="" type="radio"/> C D	23	A B <input checked="" type="radio"/> C D	43	A <input checked="" type="radio"/> B C D	63	A <input checked="" type="radio"/> B C D	83	A <input checked="" type="radio"/> B C D
04	A <input checked="" type="radio"/> B C D	24	A B <input checked="" type="radio"/> C D	44	A B C <input checked="" type="radio"/> D	64	A <input checked="" type="radio"/> B C D	84	<input checked="" type="radio"/> A B C D
05	A <input checked="" type="radio"/> B C D	25	A B C <input checked="" type="radio"/> D	45	A B <input checked="" type="radio"/> C D	65	<input checked="" type="radio"/> A B C D	85	<input checked="" type="radio"/> A B C D
06	A <input checked="" type="radio"/> B C D	26	<input checked="" type="radio"/> A B C D	46	A <input checked="" type="radio"/> B C D	66	A B <input checked="" type="radio"/> C D	86	A B C <input checked="" type="radio"/> D
07	A <input checked="" type="radio"/> B C D	27	A <input checked="" type="radio"/> B C D	47	<input checked="" type="radio"/> A B C D	67	A B <input checked="" type="radio"/> C D	87	<input checked="" type="radio"/> A B C D
08	A B C <input checked="" type="radio"/> D	28	A <input checked="" type="radio"/> B C D	48	A B C <input checked="" type="radio"/> D	68	A B C <input checked="" type="radio"/> D	88	A B <input checked="" type="radio"/> C D
09	A <input checked="" type="radio"/> B C D	29	A <input checked="" type="radio"/> B C D	49	A <input checked="" type="radio"/> B C D	69	A B C <input checked="" type="radio"/> D	89	A B C <input checked="" type="radio"/> D
10	<input checked="" type="radio"/> A B C D	30	A B C <input checked="" type="radio"/> D	50	A B C <input checked="" type="radio"/> D	70	A B C <input checked="" type="radio"/> D	90	A B C <input checked="" type="radio"/> D
11	<input checked="" type="radio"/> A B C D	31	A B <input checked="" type="radio"/> C D	51	<input checked="" type="radio"/> A B C D	71	A <input checked="" type="radio"/> B C D	91	<input checked="" type="radio"/> A B C D
12	<input checked="" type="radio"/> A B C D	32	A B C <input checked="" type="radio"/> D	52	A <input checked="" type="radio"/> B C D	72	A B C <input checked="" type="radio"/> D	92	A B C <input checked="" type="radio"/> D
13	<input checked="" type="radio"/> A B C D	33	A <input checked="" type="radio"/> B C D	53	<input checked="" type="radio"/> A B C D	73	A <input checked="" type="radio"/> B C D	93	A B <input checked="" type="radio"/> C D
14	A B <input checked="" type="radio"/> C D	34	A B <input checked="" type="radio"/> C D	54	A <input checked="" type="radio"/> B C D	74	<input checked="" type="radio"/> A B C D	94	<input checked="" type="radio"/> A B C D
15	<input checked="" type="radio"/> A B C D	35	A <input checked="" type="radio"/> B C D	55	A B <input checked="" type="radio"/> C D	75	A B C <input checked="" type="radio"/> D	95	<input checked="" type="radio"/> A B C D
16	A <input checked="" type="radio"/> B C D	36	A B C <input checked="" type="radio"/> D	56	A B <input checked="" type="radio"/> C D	76	A B C <input checked="" type="radio"/> D	96	A B <input checked="" type="radio"/> C D
17	A B C <input checked="" type="radio"/> D	37	A B C <input checked="" type="radio"/> D	57	A <input checked="" type="radio"/> B C D	77	A B C <input checked="" type="radio"/> D	97	A B <input checked="" type="radio"/> C D
18	A <input checked="" type="radio"/> B C D	38	A B <input checked="" type="radio"/> C D	58	A B C <input checked="" type="radio"/> D	78	A B <input checked="" type="radio"/> C D	98	A B C <input checked="" type="radio"/> D
19	A B C <input checked="" type="radio"/> D	39	A <input checked="" type="radio"/> B C D	59	<input checked="" type="radio"/> A B C D	79	A B <input checked="" type="radio"/> C D	99	A B C <input checked="" type="radio"/> D
20	<input checked="" type="radio"/> A B C D	40	A <input checked="" type="radio"/> B C D	60	<input checked="" type="radio"/> A B C D	80	A <input checked="" type="radio"/> B C D	100	A <input checked="" type="radio"/> B C D

PLEASE READ THE INSTRUCTIONS GIVEN ON SIDE-II

I hereby certify that I have checked the above information of the Candidate Roll No. and Test Booklet No.

I hereby undertake that the information provided by me for my eligibility for Examination is true to the best of my knowledge. In case any informations found to be incorrect / incomplete at any stage, I am liable for disqualification for Examination and legal action.

Full Signature of the Invigilator with date

Full Signature of the Candidate with date

J0263